Leader’s GuideA logo with blue and orange letters

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Episode 8

Sharing The Good News

Summary

Jesus calls us to confess him before men in Matthew 10:32, and at times this can be an intimidating responsibility. What is the basis for our apprehensions, and how can the power of the gospel transform both us and our patients? This session demonstrates how our fears can give way to a greater recognition of God’s grace in our lives, turning this responsibility into a privilege.

Speaker

Dr. Cathie Scarbrough is a faculty physician with the Gadsden Regional Medical Center Family Medicine Residency Program in Gadsden, Alabama. Her interests include women’s health, whole-person medicine and global health. She has been a member of CMDA since medical school and enjoys teaching family medicine overseas. In her spare time, she likes gardening, baking and hanging out with her French bulldog, Stella. For further information or to contact Dr. Cathie Scarbrough, please email her at [cpscarbrough@gmail.com](mailto:cpscarbrough@gmail.com)Medium shot of a person smiling

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Discussion Questions

1. What from this video inspired, edified or challenged you?
2. What are some of your own reservations about sharing the gospel with patients? Are you personally comfortable with sharing? Why or why not?

Hopefully at least two truths will come across in this discussion. First, God made each of us with different strengths and weaknesses. It is expected that some will be fonder of evangelistic opportunities than others. God has different purposes for each of us (1 Corinthians 12:12-20). But secondly, if we belong to Christ, there should be a natural desire to see others share in the blessings of the gospel, accompanied by a desire to play some sort of role to help bring this about (1 Peter 3:15, Matthew 10:32-33).

1. Read Luke 9:2. What was the dual mission Jesus sent His disciples to do? How does this concept apply to our practices today?

Jesus sent out His disciples to proclaim the kingdom of God and to heal. This dual command shows the strong connection between physical and spiritual health. Although God gave these followers special powers to heal, He has also given us special powers to heal. If we recognize how our healing abilities are from the Lord, then we will seek to point to Him in our efforts.

1. Dr. Scarbrough stated, “Fear is not dispelled, it doesn’t go away, by having a storehouse of answers…fear is dispelled by having a right attitude toward the Lord.” Why does our knowledge of apologetics (a defense of the faith) not dispel fear? If this is true, then why study apologetics?

Studying the Christian faith is sort of like the development of science—the more we know, the more we realize we do not know. We can twist ourselves in knots contemplating all of those obscure questions that non-Christian “could” ask but almost never do. Our biggest initial challenge in sharing the gospel is not being able to answer every conceivable question, but it is, as Dr. Scarbrough states, “opening our mouth.”

The fact that we will never know it all, the fact that we will not be able to put all of the pieces together on this earth, is not justification to continue in unnecessary ignorance. There are indeed times when a non-Christian could have an intellectual roadblock to faith, and our ability to provide an alternative perspective might, humanly speaking, open up the person to the possibility that the gospel just might be true. But perhaps the biggest advantage of studying apologetics is that the more we study Christianity—its foundations and its implications—the more confident we can become that Jesus really is who He claimed to be, “…the way and the truth and the life” (John 14:6a, NIV). As our confidence grows, our desire to share God’s love will grow along with it.

1. What are some of the components of “a right attitude toward the Lord” that can help to dispel our fear?

A right attitude toward the Lord creates a “confident humility”—confident in the fact that God has gifted us and equipped us to be His ambassadors (2 Corinthians 5:20) and that He is constantly calling people to faith (John 4:35-38), yet in humility realizing only God can change the human heart, raising the dead to new life (Ephesians 2:1-5). It can also be said that the communication of the gospel is most natural when it represents an overflow of God’s work in our lives; so the more our eyes are open to His grace, the more natural our spiritual interventions will be.

1. Why is it important to bring Scripture into our presentations?

We know the Bible is not just a reference book on the Christian faith, it is actually God’s Word (2 Timothy 3:16-17, Isaiah 40:8, etc.). It is alive and active, able to judge the thoughts and intentions of the heart (Hebrews 4:12). Furthermore, although personal experience has its place in sharing the love of Christ with others, the truth of the Scriptures represents a “third party,” which can convict others in a powerful, transcendent way.

1. Dentist/physician Dr. Linda Huong shares how a dental office manager came to Christ through her willingness to share personal protective equipment (PPE) with their office during the COVID-19 pandemic. Were any of you pointed to Jesus by the unexpected kindness and generosity of those motivated by His love?

It seems that almost every Christian can point to others in their lives—friends, family members or even total strangers—whose walk with Christ demonstrated a kindness that strongly affected them. In fact, the kindness of those belonging to Christ probably contributes more to the growth of God’s kingdom than our ability to answer all of those obscure questions we think we need to master. Jesus summed it up perfectly in John 13:35: “By this everyone will know that you are my disciples, if you love one another” (NIV). Hopefully group members will be inspired by the love they have been shown to go and do likewise.

1. As a student, you just returned to the call room and report that your patient was agreeable and happy to accept prayer prior to their surgery planned later today. Your upper-level resident looks at you and says, “Why did you do that? We have chaplains that come around for that kind of stuff.” How would you respond?

One would hope that the discussion will totally obliterate the mentality that praying is for “professionals.” Secondly, hopefully it will be recognized that this is not primarily a roadblock, it is an opportunity to begin sharing the love of Christ with the upper-level resident, perhaps with a response such as, “What better way is there to let her know that I really care for her and want her to do well?”

1. What is one take-home item from today’s session that you hope to implement?

Additional Resources

1. Lennox, J. C. (2018). Have No Fear. Leyland: 10Publishing.
2. Stevens, MD, David (Host). (2014, October). Witnessing in Practice, an interview with Randall P. Owen, MD, MS, FACS [Audio podcast]. Retrieved from <https://cmda.org/christian-doctors-digest-october-2014/>.
3. Rudd, G. (2017). Potential Reactions. Grace Prescriptions, pp. 99-100.
4. Williams, P. (2016). Intentional: Evangelism That Takes People to Jesus. Leyland: 10Publishing.
5. Tice, R. (2015). Honest Evangelism: How to Talk About Jesus Even When it is Tough. Croydon: The Good Book Company.
6. Prime, D. (2011). This Way to Life: Discovering Life to the Full. Leyland: 10Publishing.

Hummel, C. (1994). Tyranny of the Urgent. Downers Grove: InterVarsity Press.